Student Services Department
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School Medication Authorization Form

Student name _____ Birth date_____
Address _____ Telephone_____
School _____ Grade/Room _____

To be completed by the child's physician, physician assistant, or advanced practice registered nurse (Attach asthma inhaler prescription label below.)

Medication to be given in school_____

Diagnosis/purpose_____

Dose _____ Frequency _____

Time/when to be administered _____

Side effects possible/expected _____

Other medication student is taking _____

Physician name _____ Address _____

Physician signature _____ Telephone _____

Date _____ Discontinuation date _____

For all parents/guardians:
By signing below, I agree that I am primarily responsible for administering medication to my child. However, if I am unable to do so or in the event of a medical emergency, I hereby authorize School District 68 and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine auto-injectors to my child when there is a good faith belief that my child is having an anaphylactic reaction, whether such reactions are known to me or not (105 ILCS 5/22-30, amended by P.A. 98-795). I acknowledge that if may be necessary for the administration of emergency medication to my child to be performed by an individual other than a school nurse and I specifically consent to such practices, and I agree to indemnify and hold harmless School District 68 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's selfadministration of medication.

In addition, by signing below, I hereby grant my consent to Skokie School District 68 to communicate and exchange any student records and medical information with the medical provider listed above in this form pursuant to the Illinois School Student Records Act. The purpose of this disclosure is for the Student's educational planning and programming. If I do not grant this consent, the District will not exchange information with the medical provider, but I will not suffer any other consequences. I understand I have the right to inspect, copy, and challenge the information to be disclosed pursuant to this consent. This consent is valid for one calendar year from the date set forth below and may be revoked at any time in writing.

Parent/Guardian Signature _____ Date _____

Student Name _____ Birth date _____ Grade _____

ONLY for Self-Carry Asthma Inhalers
Parent(s)/Guardian(s) please attach prescription label here:

Only for parents/guardians of students who need to carry and use their asthma inhaler or an epinephrine autoinjector:

I authorize the School District and its employees and agents, to allow my child or ward to self-carry and self-administer his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school, or other school-operated property. Illinois law requires the School District to inform parents(s)/guardians(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-carry and self-administration of asthma medication or epinephrine autoinjector (105 ILCS 5/22-30).

Please initial to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his or her asthma medication or epinephrine auto-injector.
Parent/Guardian Initials: _____

For only parents/guardians of students who need to self-administer medication required under a qualifying plan:
I grant permission for my child to self-administer his or her medication required under an asthma action plan, an Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action and Treatment Authorization Form, a plan pursuant to

Section 504 of the Federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act. 105 ILCS 5/10- 22.21b, amended by P.A. 101-205, eff. 1-1-20.

Please initial to indicate (1) receipt of this information, and (2) authorization for your child to self-administer medication under a qualifying plan.
Parent/Guardian Initials: _____

Medication Administration at School

The purpose of administering medication in school is to help students maintain an optimal state of health in conjunction with their academic program. If it is determined by a licensed health care provider that it is necessary to receive medication in school, the following requirements must be met:

1) The School Medication Authorization Form (SMA) must be completed and signed by the parent/guardian and licensed health care provider. If healthcare provider authorization is provided in the form of a written prescription or Allergy Action Plan, the parent portion of the SMA form must still be signed. This applies to both prescription medication and non-prescription medication/supplements. (For a student with diabetes, the parents/guardians are responsible for sharing the health care provider's instructions. While at school, the diabetes will be managed according to a diabetes care plan, not this Procedure.)

2) Medication must be provided in the original, pharmacy-labeled container, or in the case of non-prescription (including cough drops), in the original packaging with the student's name affixed. The pharmacy label does not meet the requirement of the completed SMA form or the physician's prescription instructions, except in the case of asthma inhalers – see #8 below. If the medication is not supplied, the parent/guardian will be contacted by health staff. Non-receipt of medication will be documented in the student's health record. 3) To assure safe and therapeutic administration of medication for students who require it, medication (except emergency medication such rescue inhalers and epi-pens and self-carried asthma inhalers and epinephrine auto-injectors) will be kept in locked storage in the health office and administered from there. Students will report to the health office for medication at the scheduled time, or will be reminded, as necessary. Stock of undesignated epinephrine auto-injectors (UEAs) will be maintained by the Facilitator for School Health Services and stored in the Health Office at each school.

4) The Health Clerk will be informed of all medication administered at school, and of all new medications as they are ordered throughout the school year. Medication is administered in each health office by district nursing staff. Student self-administration of medication is overseen by trained health staff, trained substitute health staff, or other authorized school staff only. (These guidelines do not prohibit any school employee from providing emergency assistance to students.) Documentation of all medication administered (including emergency), dose, time administered, and signature of personnel administering/overseeing will be maintained in the individual student's health record. In addition, reasons for not administering the medication must be documented. Administration of an epinephrine auto-injector necessitates EMS to be activated, and the parent/guardian to be notified immediately.

5) Parents are responsible for delivering and picking up the medication when it is no longer required in school. All the medications need to be picked up at the end of the school year (by the last day of school). Medication not picked up by the parent will be disposed of in the presence of a witness. No medication to be kept in schools during summer vacation.

6) Students requiring medication while on a field trip will be supervised by teaching staff members who accept this responsibility, or by nursing staff as appropriate.
7) Medication prescribed for the duration of the school year will require a new SMA form at the beginning of each new school year.
8) Illinois law (Public Act 94-0792) allows students to carry and self-administer both asthma inhaler medication and/or allergy epinephrine auto-injector medication at school. Requirements for self-carrying the epinephrine auto-injector include completion of the SMA form by the parent/guardian and healthcare provider, and proper pharmacy labeling. For asthma inhalers, the parent/guardian must complete the SMA form and provide the pharmacy label. Illinois law (Public Act 96-1460) allows the pharmacy label of the asthma inhaler to serve as healthcare provider authorization. The pharmacy label must include the student's name, medication name, dose, and time of dose. Students carrying and self-administering inhaled or auto-injection medication will be counseled by the parent regarding their responsibility for the safe storage of the medication on their person, not sharing their medication with others, and the importance of notifying the school health office staff if they have used their medication. Students may keep possession of inhalers or auto-injection medication 1) while in school, 2) while on a school-sponsored activity, 3) while under the supervision of school personnel, or 4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Parent/guardians of students authorized to carry asthma and/or allergy medication as described above are encouraged to provide a supply to be maintained in the health office as well, for those instances where the student has forgotten or lost their personal supply.
9) Illinois PA 97-0361 allows the district to maintain a supply of epinephrine auto-injectors at each school. A prescription and protocol for standing orders is supplied by a physician or other qualified healthcare provider. The law allows the nurse or trained school personnel to administer epinephrine to a student with a diagnosed allergy who has not provided his/her own medication or whose medication has expired. In addition, the law allows the school nurse or other trained personnel to administer epinephrine to any student he/she believes, in good faith, professionally, to be having a life-threatening allergic reaction, and who does not have a known allergy and an Allergy Action Plan in place. The School District, its employees and agents, and the prescribing physician of the stock supply of epinephrine are to incur no liability, except for willful and wanton conduct, as a result of injury arising from the administration or self-administration of epinephrine, regardless of whether authorization was given by the student, parent/guardian, or by the student's healthcare provider.
10) A student may self-administer medication required under a qualifying plan, provided the student's parent/guardian has completed and signed an SMA form. A qualifying plan means (1) an asthma action plan, (2) an Individual Health Care Action Plan, (3) an Ill. Food Allergy Emergency Action Plan and Treatment Authorization Form, (4) a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or (5) a plan pursuant to the federal Individuals with Disabilities Education Act.

The District shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication, including asthma medication or epinephrine injectors, or medication required under a qualifying plan. A student's parent/guardian must indemnify and hold harmless the District and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of a student's self-administration or an epinephrine injector or asthma medication, and/or a medication required under a qualifying plan.